

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE  
APPLICATION FEE AT THE TIME OF FILING.**

**APPLICATION FOR SPEEDING  
TICKET DIVERSIONS**

Docket Number: \_\_\_\_\_ Attorney: \_\_\_\_\_  
Court Date: \_\_\_\_\_ Attorney Address: \_\_\_\_\_  
Attorney City/State/Zip: \_\_\_\_\_  
Attorney Phone #: \_\_\_\_\_

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. AGE: \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_

5. DRIVER'S LICENSE NUMBER: \_\_\_\_\_ COMMERCIAL DL # \_\_\_\_\_

6. PRIOR OFFENSE RECORD: \_\_\_\_\_ None \_\_\_\_\_ Juvenile \_\_\_\_\_ Adult

CRIMINAL OFFENSE CONVICTION/DIVERSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. TRAFFIC OFFENSE CONVICTIONS: (Within Last 5 Years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. DATE OF CURRENT CITATION: \_\_\_\_\_

9. Are you now, or have you ever, participated in any other traffic diversion program? \_\_\_\_\_  
If yes, please state where and effective date of program.

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10. Do you have any other traffic citations pending in any other city, county, or state? \_\_\_\_\_

If yes, please state where: \_\_\_\_\_

11. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial proceedings against me in order to permit consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assessed against me in determining my right to a Speedy Trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the City Attorney.

I authorize the program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will resume prosecution of the original charges.

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DATE

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APPLICANT